

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596579

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5	/		/			
6		/	/	/		
7		2		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13	/		/			
14		/		/		
15		0		/		
16		0		/		
17		0		/		
18	/		/			
19		/	/	/		
20		2		/		
21		0		/		
22		0		/		
23		0		/		
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←	23	←		←	
TOTAL CLAIMS		28				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						